

Rhode Island Incident Mapping

| Rhode Island Category | GER Event | Event Type | Event Sub-Type | Event Subtype 2 | Event Sub-Type 3 | Additional | GER Notification Level |
|----------------------------|------------------|----------------------------|---|--|------------------|--|------------------------|
| Admission Issues | Other | Admission Issues | Psychiatric Hospitalization/ Substance Use Program/ Detox | | | | High |
| Assault/Battery | Other | Assault | Victim OR Aggressor | | | | High |
| Aversive Procedures | Other | Restraint Other | | | | | High |
| Behavior Incident | Other | Behavior Incident | Behavioral Issue/ Threatening Behavior/ At Risk Behavior | Cause: text box | | | Medium |
| Case Management Issue | Other | Case Management Issue | Inappropriate Contact/ Ethics Violation/Other | If Other: (required) | | | Medium |
| Confidentiality Violation | Other | Confidentiality Violation | HIPAA,CFR 42,Other | | | Abuse: Mark "Yes"/ Type: Civil Rights Violation | High |
| Consumer to Consumer Abuse | Other | Consumer to Consumer Abuse | Physical/Psychological/ Physical/Sexual | Victim or Aggressor | | | Medium |
| Death | Death | Choose Cause of Death | | | | | Medium |
| Discharge Issue | Other | Discharge Issue | Discharged from: Hospital, Detox, Substance Use Facility, Group Home | Homelessness, Early Discharge, Inadequate Follow-up, Coordination of Care | | | Medium |
| Dosing/Medication Error | Medication Error | Error Type: Wrong Dosage | | | | Choose Severity | Medium |

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| Drug/ Alcohol Intoxication | Other | Alcohol/Drug Abuse | | | | | Medium |
| Elopement | Other | AWOL/Missing Person | | | | | Medium |
| Emergency Room Visit | Other | Emergency Medical Treatment | Psychiatric Issue or Medical Issue | Resulted in: Evaluation Leading to Psychiatric Hospitalization/ Evaluation Leading to Medical Admission/ Discharge | Location: Hospital, Urgent Care (Walk-in) Clinic | | Medium |
| Environmental Issue | Other | Environmental Issue | Flood/Fire/Equipment Failure/Evacuation,Other | | | | Medium |
| Exploitation | Other | Exploitation | | | | Exploitation: Mark "Yes"/ Choose Type | High |
| Family Concerns | Other | Family Concerns | | | | | Medium |
| Fire | Other | Fire | Choose Subtype | | | | Medium |
| Homicide | Other | Homicide | Threat or Attempt | | | | Medium |
| Hospitalization | Other | Hospital | Medical, Voluntary Psychiatric, Involuntary Psychiatric | | | | Medium |
| Housing Issues | Other | Housing Issues | | | | | Medium |
| Human Rights Violation | Other | Human Rights Violation | Alleged Violator: Family/Staff/Employer/ Friend/Provider/Due Process | | | Abuse: Mark "Yes"/ Type: Civil Rights Violation | High |

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| Incarceration | Other | Incarceration | | | | | Medium |
| Injury Requiring Medical Care | Injury | Injury Type | Injury Cause | | | Treatment by: | Medium |
| Law Enforcement Involvement | Other | Law Enforcement Involvement | | | | | Medium |
| Medication Error (Serious) | Medication Error | Error Cause | | | | Severity: 10 | Medium |
| Missing/Diverted Meds | Medication Error | Error Type: Omission | | | | Choose Severity | Medium |
| Missing Person/ Unexplained Absence | Other | AWOL/Missing Person | | | | | Medium |
| Mistreatment | Other | Mistreatment | | | | | Medium |
| Neglect | Other | Neglect | Caregiver/Legal Guardian/ Family Member/Friend/Other | If Other: (required) | | Neglect: Mark "Yes" Choose Type | High |
| Physical Abuse | Other | Physical Abuse | Victim or Aggressor | Injury or No Injury | | Abuse: Mark "Yes"/ Type: Physical | High |
| if injury indicated | Injury | Injury Type | Injury Cause | | | Abuse: Mark "Yes"/ Type: Physical | High |
| Psychological Abuse | Other | Psychological Abuse | Victim or Aggressor | | | Abuse: Mark "Yes"/ Type: Psychological | High |
| Restraint with Injury | Restraint Related to Behavior | Status | | | | Injury Caused by Restraint: "Yes" | High |
| if injury indicated | Injury | Injury Type | Injury Cause | | | Abuse: Mark "Yes"/ Type: Physical | High |

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| Serious Injury | Injury | Choose Injury Type | Choose Injury Cause | | | Injury Severity: Severe | Medium |
| Serious Medication Error | Medication Error | Error Cause | | | | Severity: 10 | Medium |
| Sexual Abuse | Other | Sexual Abuse | Victim or Aggressor | Injury/Exploitation/ Penetration/ Sex Trafficking/Fondling | | Abuse: Mark "Yes"/ Type: Sexual | High |
| Suicide | Death | Cause of Death: Suicide | | | | | Medium |
| Suicide | Other | Suicide | Attempt OR Threat | | | | Medium |
| Theft | Other | Theft | Missing Funds/ Larceny Attempt/Burglary | Victim or Aggressor | | | Medium |
| Unapproved Behavioral Intervention | Restraint Related to Behavior | Status | Restraint Type | | | | Medium |
| Unexpected Death | Death | Cause of Death: Sudden/ Unexpected | | | | | Medium |
| Unexplained Injury | Injury | Injury Type | Injury Cause: Undetermined | | | | Medium |
| Vehicle Accident | Other | Accident | Cause: Automobile | | | | Medium |
| if injury | Injury | Choose Injury | Injury Cause: Accident Motor Vehicle | | | | Medium |
| Verbal Abuse | Other | Verbal Abuse | Victim or Aggressor | | | Abuse: Mark "Yes"/ Type: Verbal | High |
| Complaints Only | Other | Uncategorized | | | | | Medium |
| Behavioral Issue | Other | Behavioral Issue | | | | | Medium |
| Threatening Behavior | Other | Threatening Behavior | | | | | Medium |
| At Risk Behavior | Other | At Risk Behavior | | | | | Medium |